

POSITION	ID NO.	DATE
CLASSIFIER	37	10/18/96
EXAMINER	438	1-1-96
TYPIST	4M	1-9
VERIFIER	#576	1-31-97
CORPS CORR.		
SPEC. HAND	104	1-3-97
FILE MAINT.		
DRAFTING		

BEST AVAILABLE COPY

# INDEX OF CLAIMS

Final (For real)

Claim	Final	Original	Date
1	27	1	06 12 08 02 05
2	28	2	22 21 28 07 04
3	29	3	08 00 00 01
4	30	4	
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SYMBOLS  
 ✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral) Canceled  
 + ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Final	Original	Date
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